

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039481
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116

Primary Registration District No. 4181

Registrar's No. 236

FILED OCT 24 1963

1. PLACE OF DEATH

a. COUNTY

Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Berger

Mo

Length of stay in 1b

21 Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

His Home

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Franklin

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Berger

d. STREET ADDRESS

(If outside, give location)

Main Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

ELMER

Middle

LEE

Last

MEYER

4. DATE OF DEATH

Month

Oct.

Day

20

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

July 14, 1898

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

3

Days

6

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer-Rail Rd Worker

10b. KIND OF BUSINESS OR INDUSTRY

Farming, Railroading

11. BIRTHPLACE (City and state or country)

Etah, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Fritz Meyer

13b. MOTHER'S MAIDEN NAME

Javonea Coulter

14. NAME OF HUSBAND OR WIFE

Mrs. Ollie Meyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unknown) (If yes, give war or date)

No

16. SOCIAL SECURITY NO.

940

17. INFORMANT

Address

Mrs. Ollie Meyer, Berger, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Standstill

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Auricular fibrillation 4331

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

Sudden

22 Months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 27, 1962 to Oct 20, 1963 and last saw him alive on Oct 19, 1963
Death occurred at 10:45 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B. P. Eisenmann M.D.

22b. ADDRESS

New Haven, Mo.

22c. DATE SIGNED

10/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-23-63

23c. NAME OF CEMETERY OR CREMATORY

St. John's E&R Cem.

23d. LOCATION (City, town, or county)

Berger

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Paul H. Blumner Berger Mo

25. DATE RECD. BY LOCAL REG.

10/21/63

26. REGISTRAR'S SIGNATURE

Lula P. Widman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 6360

2 0360

3

4 0

5 1

6

7 0

8 2

9 4331

10

11

12 90-0

13 50

APR 9 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Orval L. Grover

Licensed Embalmer No. 5187
P. O. Address Germann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.